COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS OF TREATING TARDIVE DYSKINESIA AND OTHER MOVEMENT DISORDERS,

the specification of which (I authorize Choate, Hall & Stewart to check one of the following, three choices, and fill in the blanks, if applicable):

	is attached hereto				
_	was filed on as A Serial No. and am		(if	applicable	e).
	on	international application No and was amended u (if applicable).		T Article	 ,
-		iewed and understood the cons amended by any amendmen			
		isclose information which is a Citle 37, Code of Federal Regr			mination of
foreign applicati below any forei	on(s) for patent or in gn application for pa on on which priority	by benefits under Title 35, Uninventor's certificate listed beloatent or inventor's certificate his claimed: Priority Claime	ow and laving a	have also i	identified
(Number)	(Country)	(Day/Month/Year/Filed)	Yes	No	
(Number)	(Country)	(Day/Month/Year/Filed)	Yes	No	

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

09/006,641	January 13, 1998	Pending
(Application Serial No.)	(filing date)	(status-patented, pending, abandoned)
(Application Serial No.)	(filing date)	(status-patented, pending, abandoned)
PCT Applications designa	ting the United States:	
(PCT Appl. No.)	(U.S.S.N.)	(status-patented, pending, abandoned)

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national filing date of this application.

Provisional Application(s):	
Application Number Filing Date	Status

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Sam Pasternack, Reg. No. 29,576; David J. Powsner, Reg. No. 31,868; Mary Rose Scozzafava, Reg. No. 36,268; Mary Raynor Jimenez, Reg. No. 37,219; Brenda Herschbach Jarrell, Reg. No. 39,223 and Kevin M. Tormey, Reg. No. 41,351; Elizabeth Nugent, Reg. No. P-43839; Karoline Shair, Reg. No. P-44332

Address all telephone calls to Sam Pasternack at telephone no. (617) 248-5000.

Address all correspondence to Sam Pasternack, Choate, Hall & Stewart, Exchange Place, 53 State Street, Boston, Massachusetts 02109-2891.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United State Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full name of sole inventor Barry S. Fogel, M.D.
Inventor's signature 5 any f toxx Date: 11 23/98
Residence: 15 Homestead Street, Waban, MA 02468-2008
Citizenship: U.S.A.
Post Office Address: same

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